

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974 See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 423-2015-02336 </div> </div>	
and EEOC			
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Ms. Iris G. Juchem		Home Phone (Incl. Area Code) (662) 385-6891	
Date of Birth <div style="background-color: black; width: 100px; height: 20px;"></div>			
Street Address 207 W. Monroe Avenue, Greenwood, MS 38930		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name FARMERS GRAIN TERMINAL, INC		No. Employees, Members 15 - 100	
Phone No. (Include Area Code) (662) 332-0987			
Street Address 1997 Harbor Front Industrial Park, P. O. Box 1796, Greenville, MS 38702		City, State and ZIP Code	
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div>			
Name <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">SEP 28 2015</div>		No. Employees, Members 	
Phone No. (Include Area Code) 			
Street Address <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">U.S. EEOC/JAO</div>		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es)) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 08-24-2015 09-16-2015 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)) <p>In 2007, I began full-time employment with the company. I worked at the facility in Greenwood, Mississippi. Of approximately 12 full-time employees my job site, I was the only female working full-time. My duties as a weigher-grader involving computer work and doing payroll. After my had surgery in July 2015 and attempted to return to work on August 24, 2015, the managers refused to accept my doctor's release, and they would not let me return to work. On September 16, 2015, I received a termination letter.</p> <p>When I attempted to return to work in August 2015, my managers told me that I needed to be 80% better. They said that I was not 80% better and needed additional time off to get better, and that I needed to return to my surgeon. They said that I needed to have two additional releases to return to work – one from my surgeon and one from my primary doctor.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY -- When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
<div style="font-size: 1.5em; font-family: cursive;">9/24/15 Iris G. Juchem</div> <div style="display: flex; justify-content: space-between;"> Date Charging Party Signature </div>			



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423-2015-02336

and EEOC

State or local Agency, if any

I believe that the company discriminated against me in violation of the American with Disabilities Act of 1990, as amended, because I have a record of having a disability from my surgery in July 2015. Although I had submitted releases to return to work from my surgeon and from my primary doctor, I was not allowed to work. But before I had the doctor visits to obtain the additional releases to return to work, the company terminated my employment because they regarded me as having a disability. I was denied the opportunity to work during the company's busiest season and I was fired, although I was able to perform the duties of my job.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

09/24/15

Date

[Signature]

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)